TRAN	SMITT		F INFORMATION DISCLOS Inder 37 CFR 1.97(b) or 1.97(: 1 1	Docket No.
In Re A	Applicatio	n Of: 1	ALCHAS		10 3 6 U
\$	Serial No.		Filing Date	Examiner	Group Art Unit
Title: INTRA	DERMAI	L DELIV	VERY DEVICE INCLUDING A N	EEDLE ASSEMBLY	\$ J
			Assistant Comm	dress to: nissioner for Patents on, D.C. 20231	
			37 CF	FR 1.97(b)	
1. 🖾	of a nati	ional ap 491 in a	Disclosure Statement submitted plication; within three months of the international application; or been event occurs last.	he date of entry of the nationa	I stage as set forth in 37
			37 CF	FR 1.97(c)	
2. 🗆	a nation internati	nal appli onal ap	Disclosure Statement submitted ication, or the date of entry of the plication; or after the mailing date of either	ne national stage as set forth ate of a first Office Action o	in 37 CFR 1.491 in an
		1.	a Final Action under 37 CFR 1.17	13, or	
		2.	a Notice of Allowance under 37 (CFR 1.311,	
		whiche	ver occurs first.		
	Also sub	omitted	herewith is:		
	□ a	certifica	ation as specified in 37 CFR 1.97(e);	
			OR		
			set forth in 37 CFR 1.17(p) for s CFR 1.97(c).	submission of an Information	Disclosure Statement

	Application Of: ALCHAS Serial No. Filing Date Examiner Group Art Unit Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) A check in the amount of is attached. The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. Charge the amount of Charge the amount of Charge and additional fee required. Certificate of Transmission by Facsimile* Certificate of Mailing by First Class Mail I certify that this document and fee is being deposited						
In Re Application Of: A	ALCHAS						
Serial No.	Filing Date	Examiner					
Title: INTRADERMAL DELIV	ERY DEVICE INCLUDING A N	EEDLE ASSEMBLY					
The Assistant Co as described belo Charge th Credit an Charge a Certificate of I certify that this deposit account is bein States Patent and Trade on (Date) Typed or Printed *This certificate madeposit accounts.	(Only complete if Applicant elects in a count of is attained by authorized by Adupticate copy of this sheet the amount of yoverpayment. In any additional fee required. Transmission by Facsimile* document and authorization to charge the facsimile transmitted to the United the lemark Office (Fax. No. Signature Name of Person Signing Certificate y only be used if paying by Signature 30,503 ompany sey 07417-1880	to pay the fee set forth in 37 CFR 1.17(p)) iched. to charge and credit Deposit Account is enclosed. Certificate of Mailing by I certify that this document and the set of the	First Class Mail iee is being deposited e U.S. Postal Service as and is addressed to the ints, Washington, D.C. Correspondence				

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		by C. A. Keele and D. A	Armstrong Pub: T	he W illia r	ns & Wilkins Compa	n y (1964)			- 19

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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Article: TRIALS OF INTRADERMAL HEPATITIS B VACCINES IN GAMBIAN CHILDREN by Whittle, Lam, Ryder

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